

## REMARKS

Claims 1-6 and 17 are allowed. Independent claims 7 and 18 have been amended to include a feature of the allowed claims without raising any new issues and to more clearly define the invention. As stated in the Rejection on page 6 section 8, claims 1-6 are allowed because the prior art does not show or suggest “generating a URL link for accessing a patient record repository, said generated URL link including an address of said repository and containing fields incorporating said information identifying said particular section of said patient record and said patient record”. Independent claims 7 and 18 are amended to substantially include this feature. Consequently, it is deemed that claims 7-16 and 18-20 are allowable without raising new issues requiring further examination.

Support for the amendment is found in the existing claims and elsewhere in the application.

*I. Rejection under 35 U.S.C. 103(a)*

Claims 7-16 and 18-20 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent 6,263,330 – Bessette in view of U.S. Patent 5,857,967 – Frid et al. and U.S. Patent 6,032,155 – De La Huerga. These claims, as amended, are deemed to be patentable for the reasons given below.

Amended claim 7 recites a method for “use by a portable processing device for providing updated patient record information to a patient record information repository, comprising the activities of: initiating display of a data collection page for a patient; storing updated patient record information acquired by user data entry via said data collection page; generating a URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying a particular patient record section and said patient record; and communicating said updated patient record information to said information repository at said address using said generated URL link in response to user selection of a displayed menu icon”. These features are not shown or suggested in Bessette with Frid and De La Huerga.

The method of amended claim 7 involves communicating “updated patient record information”, acquired “by user data entry via” a “data collection page”, to an “information repository” at an “address using” a “generated URL link”.

The method involves generating the “URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record”. These features address the deficiencies of available portable data access systems. Specifically, “available portable systems for processing patient record information are limited in their capabilities for securely accessing, transferring and updating patient record information and in their capabilities for creating and navigating image menus supporting the location and access of desired patient record data by a user” (Application page 2 lines 3-7). By using the claimed system, a user is able to specifically access a desired portion of a patient record without having to download and navigate through an entire record which is often large (particularly for a patient with extensive medical history) and cumbersome and a substantial burden for a portable device in view of storage, power and processing constraints (see Application page 9 lines 6-8). This is of substantial advantage in using a portable device in a hospital or other healthcare environment.

The combined references do not show updating “patient record information” in a repository, with data acquired “by user data entry via” a “data collection page at an “address” determined by a “generated URL link” including “an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record”. Contrary to the Rejection statement on page 4, De la Huerga (with the other references) does not show (or suggest) use of a “generated URL link” including “an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record”. The URLs shown in De la Huerga Figures 25 and 27 (and relied in the Rejection) are generated by “device 10” Specifically, “device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27” (de la Huerga column 16 line 65 to column 17 line 1).

However, nowhere does De la Huerga (with the other references) show or suggest or provide an enabling teaching of, partitioning a patient record into different sections and generating a URL link including “an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record”. In De la Huerga, the URL of Figures 25 and 27 comprise an “address where memory

contents 500 is to be stored” (de la Huerga column 16 line 65 to column 17 line 1). In De la Huerga “memory contents 500” accessed in the De la Huerga system via the address conveyed in the URL of Figures 25 and 27 may comprise a variety of items (see Figure 17) including “selected prescribed medication dose information 540...dispensed medication information 580, medication information 581 and medication report components 600. Memory contents 500 can further include specific patient information 621 received from a patient identification device 300...offered medication amount information 643 regarding the amount of medication offered to a specific patient 360, and consumed medication amount information 644 regarding the actual amount of medication consumed by the specific patient 360... additional elements or fewer than shown in FIG. 17” (de la Huerga column 8 lines 14-55 and Figure 17). However, “memory contents 500” of De la Huerga do not comprise a partitioned patient record having different sections that are individually identifiable using a generated URL link “containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record”.

Further, De la Huerga teaches “information device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27. In this case, workstation 350 **need only send medication report 730** to the address indicated by universal resource locator 734 **without interacting** with workstation 350, thus keeping workstation 350 completely independent of needing to know how to handle medication report 730” (de la Huerga column 16 line 65 to column 17 line 7). Thus De la Huerga teaches that a medication report (e.g., patient record data) is advantageously sent as a **whole** without a workstation responding to a URL and “**completely independent of needing to know how to handle**” a “**medication report**”. This is fundamentally different and in direct contrast to the claimed system in which a “generated URL link” including “an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record” is used to update a particular section of a medical report. The claimed system allows a user to dynamically select a particular section of a patient record desired and that **particular** section of the medical report is updated by a portable device. Consequently the claimed system involves interacting with a medical report to identify and process particular report sections in direct contrast to the De la Huerga teaching. These features are not shown or suggested by De la Huerga with the other references.

Bessette states that a patient medical record may include a pointer (e.g., a URL) “in order to point to remote sites holding files that contain information in digitized form pertinent to the individual. That information may be blood tests, electrocardiograms among many other possibilities. Each pointer provides an address that is machine readable to import the data residing at the target location” (Bessette column 3 line 57 to column 4 line 6). However, this is merely a description of a patient record containing a URL to access data at another remote location. It does NOT suggest update of a “particular patient record section” using a “generated URL link” including “an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record”. On the contrary, the Bessette system teaches use of a distributed patient medical record that impedes update of targeted patient record sections.

Further, neither Frid nor De la Huerga nor Bessette (alone or together) suggest or contemplate communicating “updated patient record information”, acquired “by user data entry via” a “data collection page” in the feature combination of claim 7. Neither Frid nor De la Huerga nor Bessette show or suggest “initiating display of a data collection page” for a patient at all. The web page of Figure 2 of Frid relied on in the Rejection (Rejection page 3 second paragraph) is NOT a **data collection** page. Specifically in Frid, “FIG. 2 illustrates a web page rendered by the web browser 40 for the example HTML file shown above. The web page for the example blood analyzer device 10 includes a page title 70, a header section 72, a table section 76 containing the medical information obtained from the blood analyzer device 10, and a table header 74. The **medical information shown** including Patient I.D. of 123456, Glucose of 12, and Time-Stamp of Dec. 10, 1996 12:37 was generated in the blood analyzer device 10 and packaged into the HTML file shown above by the web server 14” (Frid column 5 lines 24-37). Consequently, the web page of Figure 2 of Frid shows medical data “**generated**” in a “**blood analyzer device**” and NOT a “data collection” image page supporting user “data entry via said **data collection page**”.


De la Huerga with Frid and Bessette fails address the deficiencies of “portable systems” particularly their limited “capabilities for securely accessing, transferring and updating patient record information” and “the location and access of desired patient record data by a user” (Application page 2 lines 3-7). Further, none of

the references provide any other motivation or reason for incorporating the claimed features. On the contrary, De la Huerga teaches that a medication report (e.g., patient record data) is advantageously sent as a **whole** without a workstation responding to a URL and “completely independent of needing to know how to handle” a “medication report” (de la Huerga column 16 line 65 to column 17 line 7). This is **fundamentally different** and in direct contrast to the claimed method involving communicating “updated patient record information” to an identified “particular patient record section and “patient record”, acquired “by user data entry via” a “data collection page” in the feature combination of claim 7.”. In addition, the incorporation of the features of Frid and De la Huerga into the Bessette system, as suggested by the Rejection, results in a system for communicating an entire medical report including links to distributed medical records sections and containing information acquired from a device to a patient repository. This combined system of Bessette with Frid and De la Huerga still contains limited “capabilities for securely accessing, transferring and updating patient record information” that the claimed method addresses. Consequently, favorable reconsideration of amended claim 7 under 35 USC 103(a) is respectfully requested.

Amended independent claim 18 is considered to be patentable for the reasons given in connection with amended claim 7. Consequently withdrawal of the Rejection of amended claim 7-16 and 18-20 under 35 USC 103(a) is respectfully requested

In view of the above amendments and remarks, Applicants submit that the Application is in condition for allowance, and favorable reconsideration is requested.

Respectfully submitted,

  
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